

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing  
OR  
(surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	7404-558
First Named Inventor	David W. Burke
COMPLETE IF KNOWN	
Application Number	Not Yet Assigned
Filing Date	October 16, 2003
Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR ANALYTE MEASUREMENT EMPLOYING  
MAXIMUM DOSING TIME DELAY**

(Title of the Invention)

The specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/480,298	06/20/2003	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number ( <i>If applicable</i> )

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		→	Place Customer Number Bar Code Label Here
OR			
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.			

Name	Registration Number	Name	Registration Number
Troy J. Cole	35,102		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number Bar  
Code Label  OR  Correspondence address below

Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Address	111 Monument Circle				
Address	Suite 3700				
City	Indianapolis	State	IN	ZIP	46204
Country	US	Telephone	(317) 634-3456	Fax	(317) 637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

David W. Burke

Inventor's Signature						Date		
Residence	City	Carmel	State	IN	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	8951 Riverbend Court							
Post Office Address								
City	Carmel	State	IN	ZIP	46250	Country	U.S.A.	

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	Michael S. Wherry	53,764
Joseph A. Naughton, Jr.	19,814	Elizabeth A. Shuster	52,672
John V. Moriarty	26,207	Michael C. Bartol	44,025
John C. McNett	25,533	Gary M. Gron	24,293
Thomas Q. Henry	28,309		
James M. Durlacher	28,840	Richard T. Knauer	35,575
Charles R. Reeves	28,750	D. Michael Young	33,819
Vincent O. Wagner	29,596	Brent A. Harris	39,215
Steve Zlatos	30,123	Kenneth J. Waite	45,189
Spiro Bereveskos	30,821	Marilyn M. Amick	30,444
Clifford W. Browning	32,201	Sujatha Subramaniam	48,739
R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
Holiday W. Banta	40,311		
Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
John V. Daniluck	40,581		
Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers	42,021		
John M. Bradshaw	46,573		
Quentin G. Cantrell	47,469		
Charles P. Schmal	45,082		
Edward E. Sowers	36,015		
John L. Roberts	50,453		
John J. Emanuele	51,653		
Denise M. Gosnell	51,748		
Jason A. Houdek	54,620		

ADDITIONAL INVENTOR(S)  
 Supplemental Sheet  
 PTO/SB/02A  
 Page 1 of 1

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Lance S.				Kuhn				
Inventor's Signature						Date		
Residence	City	Fishers	State	IN	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	8334 Barstow Drive							
Post Office Address								
City	Fishers	State	IN	ZIP	46038	Country	U.S.A.	
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		